

Industry and Economic Development Fund Application form

Form Preview

New Application

* indicates a required field

Program

This field is read only.

If you do contact us throughout the application process, please quote the application number below:

Application Number

This field is read only.

Please confirm if this application is a draft or final submission

*

☐ Draft submission

☐ Final submission

For draft submissions you will be contacted by the grants officer once you have submitted your application. You will be able to make changes prior to your final submission. Final submissions will be treated as complete and no changes will be made after submission

Eligibility

I confirm that the applicant... *

- ☐ is not an individual
- ☐ is not a political party or discriminatory group
- ☐ is not a school, university or TAFE college
- ☐ does not have outstanding Council grants that have not been acquitted within required time frames, or grants that have previously not been satisfactorily acquitted.
- ☐ does not have overdue outstanding payments to Council (e.g. rents, rates, fees, Council guarantor loan repayments)
- ☐ does not own, lease, manage or operate premises with poker machines
- ☐ is based within the boundaries of the Cairns Regional Council Local Government Area
- ☐ is a properly constituted not-for-profit organisation that has the majority of its members living/based in the Cairns Regional Council Local Government Area
- ☐ does have a valid Public Liability Certificate to a value considered appropriate with regard to the organisation's operations
- ☐ is seeking funding for a discretely identifiable project
- ☐ will provide Council with the organisation's previous two years financial statements (as submitted to the Office of Fair Trading)
- ☐ is seeking funding for a project resulting in clear development outcomes for a particular industry/ies and/or must result in clear positive impacts for economic growth and/or economic diversification for the Cairns region
- ☐ is not requesting support for training
- ☐ is not requesting support for a project that has already occurred or commenced

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- ☐ is not requesting support for usual business operating expenses
- ☐ is not requesting support for items/programs that are the core business of a Government Department
- ☐ is not requesting support for projects involving the construction of infrastructure or purchase of capital equipment
- ☐ has read and understood the Grant Objectives and Eligibility requirements. Click the link below to view the requirements
- ☐ is seeking funding for a project that is consistent with and complementary to Council's Economic Development Strategy. Click the link below to view the Strategy

You must select all that apply to your application/organisation, failure to comply with some criteria may affect your application eligibility. Click [here](#) for the grant objectives and eligibility requirements and [here](#) for Council's Economic Development Strategy

I confirm these statements above are true and correct *

☐ Yes ☐ No

You are not eligible for this Cairns Regional Council Grant

For further information on eligibility please contact the grant officer at grants@cairns.qld.gov.au

Contact Details

*** indicates a required field**

Organisation Details

Organisation Name *

Organisation Name

Please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Organisation Primary Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

Organisation Postal Address

Address

Organisation Primary Phone Number *

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Must be an Australian phone number.

Organisation Primary Email *

Must be an email address.

Organisation Primary Website

Must be a URL.

Primary Contact Details

Primary Contact Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is the person we will correspond with about this grant.

Primary Contact Position *

Primary Contact Phone Number *

Must be an Australian phone number.

Primary Contact Email *

Must be an email address.

Secondary Contact Details

Secondary Contact Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Secondary Contact Phone Number

Must be an Australian phone number.

Secondary Contact Email

Must be an email address.

Organisation Details

* indicates a required field

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Does your organisation have an ABN? *

☐ Yes ☐ No

Applicant ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#)

Please upload completed Statement of Supplier Form: *

Attach a file:

Max 25mb per file uploaded

Incorporated Status

Is your organisation incorporated? *

☐ Yes ☐ No

Incorporated Details

What is your incorporation number? *

Incorporated Association or Australian Company Number

Please attach evidence of your organisation's not-for-profit status *

Attach a file:

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Certificate of Public Liability Insurance

Must be for \$20,000,000 and has Council listed as an interested party.

Public Liability Insurance *

Attach a file:

GST Registration

Is your organisation registered for GST? *

☐ Yes

☐ No

Note: even if the organisation is not registered for GST, it will still have to pay GST on any expenses that are incurred whilst delivering the activity or event as per federal legislation, see:

<https://www.ato.gov.au/Business/GST/>

Organisation Structure

Please describe your organisation structure *

Key Person *

Title	First Name	Last Name
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please list any other key persons

How many years total has the organisation been trading? *

Must be a number.

How many years has the current owner of the organisation been trading? *

Must be a number.

How many full time employees are there? *

Must be a number.

How many part time employees are there? *

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Must be a number.

About your Organisation

Provide a brief history of your organisation *

Describe the nature of your organisation, its core products and services *

What are the future goals and objectives for your organisation? *

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purpose of this grant? *

☐ Yes ☐ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

Auspice Organisation Name *

Organisation Name

Please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Auspice Primary Address

Address

Auspice Postal Address

Address

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Auspice Primary Phone Number *

Must be an Australian phone number.

Auspice Email Address *

Must be an email address.

Auspice Website

Must be a URL.

Primary Contact Person at Auspice Organisation *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Auspice Primary Contact Phone Number *

Must be an Australian phone number.

Auspice Primary Contact Email Address *

Must be an email address.

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

The letter must be on the organisations letter head signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Does the auspice organisation have an ABN? *

☐ Yes ☐ No

Auspice ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	

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DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#).

Please upload completed Statement of Supplier Form: *

Attach a file:

Max 25mb per file uploaded

Project Details

* indicates a required field

Project Title: *

Your title should be short but descriptive

Project Location *

Anticipated start date *

Please allow at least 8 weeks after the grant application closing date before starting.

Anticipated end date *

If unknown, provide your best guess

About your project

Describe your project and tell us why you think there is a need for your idea or project *

Provide details of any planning, studies or research undertaken in preparation for this project *

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Who are your key project stakeholders and what role will they play? *

Describe the relevant capabilities, skills and expertise of your key personnel and/or contractors, that will ensure the success of this project *

What government or external stakeholder consultations have taken place in relation to this project? *

Provide details of alignment with Cairns Regional Council (CRC) documents - CRC Corporate Plan and CRC Economic Development Strategy 2022-2026 *

If applicable, please provide details of alignment with other relevant plans or strategies

What are the key risks associated with the project and what mitigation strategies are in place? *

Supporting Documentation

If you have supporting documentation e.g letter of support, images, other documents that will help your application please upload below.

Please attach below:

Attach a file:

Understanding the benefits of your project

* indicates a required field

Economic Impact

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Council's Economic Development team may be able to assist with calculating economic impact, please contact economicdevelopment@cairns.qld.gov.au

What benefit will the project generate for your organisation? *

What are the supply-chain flow on benefits of your proposed project? *

Additional community, cultural and environmental impacts

Describe how the project will benefit the local community, if applicable

Describe how the project will manage cultural heritage impacts or foster greater cultural awareness, if applicable

Describe how the project will manage any short and long term impacts on the natural environment, if applicable

Describe how the project will conserve or restore the natural environment, if applicable

Project Outcomes

Please include project outcomes where applicable:

Please note the Project must have economic development outcomes.

Jobs created

Jobs sustained

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New investment

Skills and training opportunities

Increase domestic and international profile/marketing

New international exports

Funds leveraged or in-kind support

Project Milestones

Deliverable:

Estimated Due Date

	Must be a date.

Financial Information

* indicates a required field

Council Funding Information

Total Cash Amount Requested (excl GST) *

\$

Must be a dollar amount.

What is the total cash contribution requested from Council (excluding GST)

Total in-kind funding for hiring of Council venues/resources

\$

Must be a dollar amount.

What is the total funding requested for hiring of Council venues/resources?

Total Amount Requested (excl GST) *

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\$

This number/amount is calculated.

What is the total financial support you are requesting in this application?

Previous Funding Assistance

Have you received any prior grants or funding from Cairns Regional Council? *

☐ Yes

☐ No

Prior Council funding

Funding description	Grant name	Date of funding	Amount received	Comments
			\$	
		Must be a date.	Must be a dollar amount.	

Have you in the past 3 years applied for any other Federal or State government business grants? *

☐ Yes

☐ No

Funding Assistance Details

Please complete the following section

Agency	Scheme	Date	Grant amount	Confirmed Funding
			\$	
		Must be a date.	Must be a dollar amount.	

Financial Statements

Please submit financial statements from the previous two financial years as submitted to the Office of Fair Trading OR Latest Treasurer's report covering the previous 24 months and current bank statement at the time of application *

Attach a file:

Comment on financial performance and history *

Please submit evidence of the organisations current bank balance at the time of application *

Attach a file:

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Please submit all relevant quotes to support project costings as per Cairns Regional Council's Procurement Policy and relevant procurement thresholds. *

Attach a file:

Click [here](#) for the Cairns Regional Council's Procurement Policy

Project Budget (income vs expenditure)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns,

Examples of income could include 'council community grant', 'company X sponsorship'.

Examples of expenses could include 'Consultant fees', 'part-time staffer x 40 hours'.

Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

PROJECT FUNDING INCOME

Funding Description	Funding Source	Confirmed Funding?	Funding amount (\$)	Notes
			\$	
			Must be a dollar amount.	

Project Expenditure

Cost Description	Cost amount (Incl. GST)	Notes
	Must be a dollar amount.	
	\$	

Budget Totals

Total Funding amount

\$

This number/amount is calculated.

Total Cost amount (incl. GST)

\$

This number/amount is calculated.

Funding minus Cost

This number/amount is calculated.

Certification

* indicates a required field

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Certification

By submitting this application I/we, as the applicant, authorise Cairns Regional Council to undertake any necessary due diligence and hereby certify that all details provided in this application are true and correct and understand the Council's policy on confidentiality, commercial in-confidence and privacy statement.

- I certify that I am authorised by the organisation to prepare and submit this application.
- I have read the guidelines relating to the grant and certify that to the best of my knowledge the information provided in this is correct.
- I have disclosed full and accurate information of income and expenditure for the project proposed.
- I agree to provide Council with any additional information required to assess this application.
- I agree to comply with all requirements of the grant funding stream and will return any unspent grant monies.
- I will acknowledge the support of Council in all relevant promotional and printed material.
- I confirm that the appropriate level of Public Liability Insurance will be arranged for the project described in this application.
- I will agree to ensure that all relevant permits, permissions and statutory and legislative requirements are met as part of the project.
- I agree that I/we have met all eligibility criteria and are not subject to litigation.

Name of authorised person *

Title

First Name

Last Name

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact Email *

Must be an email address.

Cairns Regional Council Privacy Statement

Cairns Regional Council is collecting your personal information for the purpose of processing your grant application. The collection of this information is authorised under the *Local Government Act 2009*. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required to by law. Your personal information will be handled in accordance with the *Information Privacy Act 2009*. Cairns Regional Council and its offices are subject to the *Queensland Right to Information Act 2009*.

For further information regarding the Cairns Regional Council Privacy Statement [Click here](#)

Draft Submission

You are about to submit your draft submission. You will be contacted within 5 business days by the liaison officer regarding your application.

They will discuss your draft submission and recommend any changes if needed. You will be sent a link to reopen your draft submission and make the necessary changes to submit your Final submission.

If you have further queries and would like to speak to an officer prior to submission please contact us at **email: economicdevelopment@cairns.qld.gov.au**

or

by phone on **(07) 4044 3347** during business hours

If you have changed your mind and would like this to be a Final Submission, you must go back to the first page and click on Final submission.